

FOR OFFICE USE

State USAID

Date Received by Awards Office (mm-dd-yyyy)

Date Released to Personnel Records (mm-dd-yyyy)



U.S. Department of State

NOMINATION FOR AWARD**PART I - NOMINATION**

Name of Nominee (Last, First, MI.)

Social Security Number

ORG. Symbol or Post

Present Position Title and Grade

Position held during period covered by nomination if different than present

REASON FOR AWARD

Performance

Customer Service

Teamwork

Other _____

Special Act

Innovation

Crisis Management

TYPE OF AWARD RECOMMENDED

The Secretary's Award

Superior Honor Award

Time Off From Duty Award

Award for Heroism

Meritorious Honor Award

Cash

Secretary's Career Achievement Award

Franklin Award

Other _____

Distinguished Honor Award

Foreign Affairs Award for Public Service

Recommended Amount (Cash/Time Off Hours)

Approved Amount**Approved Award**

Justification for Award (Include a concise citation to be used on the award certificate. Additional sheets may be used)

Nominated By: (Name, Title, Signature)

Date (mm-dd-yyyy)

Approved By (Supervisor's Name, Title, Signature) Applicable only if nominated by other than supervisor

Date (mm-dd-yyyy)

NOMINATION FOR AWARD

Name of Nominee *(Last, First, MI.)*

Justification for Award Continuation Sheet. *(Include a concise citation to be used on the award certificate).*

PART II - ACTION TAKEN/TIME OFF FROM DUTY AWARD - <i>Optional - For period not to exceed one work day.</i>										
Bureau/Post Approval (<i>Name, Title</i>)						Date (<i>mm-dd-yyyy</i>)				
Bureau/Post Approval (<i>Signature</i>)										
PART III - ACTION TAKEN BY JOINT COUNTRY AWARDS COMMITTEE										
Approve		Date (<i>mm-dd-yyyy</i>)		Remarks						
Disapprove										
Cash Awards Only – Approved Amount										
Typed Name of Committee Chairperson										
Signature of Committee Chairperson										
PART IV – ACTION TAKEN BY CHIEF OF MISSION										
Approve		Date (<i>mm-dd-yyyy</i>)		Remarks						
Disapprove										
Cash Awards Only – Approved Amount										
Typed Name of Chief of Mission										
Signature of Chief of Mission										
PART V - ACTION TAKEN BY AREA AWARDS COMMITTEE										
Approve		Date (<i>mm-dd-yyyy</i>)		Remarks						
Disapprove										
Cash Awards Only – Approved Amount										
Typed Name of Committee Chairperson										
Signature of Committee Chairperson				Certification. All Committee members reviewing this nomination have attended Diversity Awareness Training for awards committee members						
PART VI - ACTION TAKEN BY DEPARTMENT AWARDS COMMITTEE										
Approve		Date (<i>mm-dd-yyyy</i>)		Remarks						
Disapprove										
Cash Awards Only – Approved Amount										
Typed Name and Title										
Signature										
PART VII - FISCAL DATA										
Bureau/Post Budget Officer (<i>Name, Signature</i>)						Date (<i>mm-dd-yyyy</i>)				
Accounting Classification (<i>Completed by Bureau/Post Budget Officer</i>)						For Gift Cheque Use Only				
Agency	Appropriation	Allotment	Obligation No.	Org. Code	Function	Object	Award Amount	Obligation	Net	
PART VIII - PAYROLL OFFICE INFORMATION – FOR GIFT CHEQUE USE ONLY										
Bureau/Post Awards Officer (<i>Name, Signature</i>)								Date (<i>mm-dd-yyyy</i>)		
Payroll Information (<i>Completed by FMP</i>)										
Gross Amount		Federal Tax Withheld		State Tax Withheld		OASDI Tax Withheld		FHI Tax Withheld		Net Amount